PTO/S8/01 (08-05)
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Attorney Docket Number armation unless it contains a valid OMB control numb RP-01283-US2 **DECLARATION FOR UTILITY OR** First Named Inventor Bedard et al. DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted after initial Unknown • Submitted OR Art Unit Unknown With mittel Filing (surcharge (37 CFR 1.16 (e)) Filing Examiner Name Unimown (beniupen I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. l believe the Inventor(s) named below to be the original and first inventor(s) of the subject matter which is cialmed and for which a patent is sought on the invention entitled: Latch (Title of the Invention) the specification of which is attached hereto was filed on (MM/DD/YYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) (If applicable). Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became evaluable between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hareby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed. Fereign Filing Date (MM/DD/YYYY) Priority Certified Copy Attached? Prior Foreign Application Number(s) Country **Not Claimed** No Yes

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including pathering, preparing, and submitting the completed application from to the USPTO. These will very depending upon the individual case. Any comments on the amount of time you require to complete this form endorr suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Canada

Racine, Quebec

Additional inventors or a legal representative are being named on the

PTO/SB/01 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DECLARATION** — Utility or Design Patent Application Correspondence address below OR | Direct all correspondence to: Customer Number: 28735 Name Address ZIP State Fax Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filled for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Family Name Given Name Bedard or Sumame (first and middle [if any]) Yvan Date Inventor's Signature (Citizenship Country State Residence: City Canadian Canada Orford, Quebec Mailing Address 128, Chemin Simoneau Country ZIP State City Canada J1X 6S4 Offord, Quebec A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name Given Name (first and middle [if any]) Desmarais Jean-François or Sumame Inventor's Signature / Citizenship Country Residence: City State Canadian Canada Racine, Quebec Mailing Address 425 Principale Country ZIP State City

[Page 2 of 2]

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supplemental shoot(s) PTO/S8/02A or 02LR grached hereto.

PTC/SB/81 (06-03)

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POWER OF ATTORNEY and CORRESPONDENCE **ADDRESS INDICATION FORM**

Application Number	Unknown
Filing Date	Unksewn
First Named Inventor	BEDARD et AL
Art Unit	Unknows
Examiner Name	Unknows
Attorney Docket Number	RP-01283-US2

I hereby appoint					
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l am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).					
SIGNATURE of Applicant or Assignee of Record					
Name BEDA	RD, Yvon				
Signature	m Bland				
Date V3	8/11/03	Те	lephone 4	50-532-5	100 EXT 5796
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
Total of 02	forms are submitted.				

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	Unknown
Filing Date	Unknows
First Named Inventor	BEDARD et Al.
Art Unit	Unknown
Examiner Name	Ueknowa
Attorney Docket Number	RP-01283-US2

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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).						
SIGNATURE of Applicant or Assignee of Record						
Name DESMARAIS, Jean-François						
Signature / Page 7	$\overline{\wedge}$					
Date 28/11/2003	Tel	ephone (450) 532	- 4966			
NOTE: Signatures of all the inventors or assignees of recomultinte	 					
Total of 02 forms are submitted.						

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